

APPLICATION TO WAIVE FILING FEES AND SERVICE COSTS

State of Vermont Vermont Superior Court	Division Civil	Unit	Docket Number 303-920 Winc
Name Joshua Gilbeau	Others Living with You (include adults and children)		
Street Address 2559 Glen Road			
Town/City Newport	State VT	Zip 05855	
Telephone Number N/A			
Date of Birth 06-20-1977	Social Security Number	Total Number in Household (including Yourself)	

EMPLOYMENT

Are you employed? Yes ☐ No ☒ Employer(s) Name(s) and Address(es):
N/A

If Yes, fill in employer's name(s) and address(es)

INCOME

Do you receive Public Assistance? (including TANF/Reach UP; SSI, General Assistance) Yes ☐ No ☒

Do Any Family Members Living With You Receive Public Assistance Yes ☐ No ☒

If all adults living with you receive public assistance, it is not necessary to fill out the Expenses section below.

Otherwise, enter your monthly household expenses

Current Monthly Income		Expenses	
You	Other Household Members Living With You		
Gross Income from Wages	\$ 0	Rent or Mortgage Pmt.	\$ 0
Self Employment/Business Income (other than wages)	\$ 0	Electric Service	\$ 0
Unemployment Compensation	\$ 0	Phone	\$ 0
Child Support	\$ 0	Fuel (heat and/or gas)	\$ 0
Public Assistance	\$ 0	Food	\$ 0
Other Income (including Disability Insurance and Social Security)	\$ 0	Clothing	\$ 0
Total Income	\$ 0	Medical	\$ 0
Total Monthly Income (Your income plus Household members)	\$ 0	Child Support	\$ 0
Total Income in the past 12 months	\$ 0	Auto Loan Payments	\$ 0
Is your income in the last 30 days significantly different from your monthly income during the previous year	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Property Taxes	\$ 0
If YES, please explain the circumstances on the next page.		Insurance (Incl. Health, Auto, etc)	\$ 0
		Other Expenses	\$ 0
		Total Expenses	\$ 0

Cash Assets		Other Assets	
		Real Estate (Location)	Auto (Make, Model, Yr)
Cash On Hand	\$ 0	N/A	N/A
Checking Account	\$ 0	Fair Market Value	\$ 0
Savings Account	\$ 0	Outstanding Mortgage	\$ 0
Total Cash Assets	\$ 0	Net Value	\$ 0

Additional Assets

I have additional assets: Yes ☐ No ☒ If Yes, describe them below

Vehicles	Make, Model, Year	Fair Market Value (FMV)	Amount Owed	Net value
NONE	N/A	\$ 0	\$ 0	\$ 0
		\$ 0	\$ 0	\$ 0
		\$ 0	\$ 0	\$ 0
		\$ 0	\$ 0	\$ 0
Real Property	Description	FMV	Mortgage	Net Value
NONE	N/A	\$ 0	\$ 0	\$ 0
		\$ 0	\$ 0	\$ 0
Other Assets e.g. tools, equipment, recreational vehicles, electronics, stocks, bonds, etc.	Description	FMV	Use additional sheets as necessary.	
	N/A	\$ 0		
		\$ 0		
		\$ 0		

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2:21-cv-29
U.S. DISTRICT COURT
BURLINGTON, VT

Other Employed Household Members

Name of Household Member	Name of Employer	Employer's Address
N/A	N/A	N/A

Change in Monthly Income: If your current monthly income is significantly different from last year's income, please describe the reasons for the change.

My income last year (past 12 months) was

\$

The income from other household members last year was:

\$

The reason for the change is: (This section must be filled out if you have a change in income.)

N/A

I request the Court waive filing fees and/or pay service fees in this case because of my low income. I further state that all of my answers are true to the best of my knowledge and belief, UNDER PENALTY OF PERJURY.

Signed and sworn before me:

Notary Public

Date

Applicant Signature

Date

Devin Mosa

9-2-2020

Joshua Hill

9-2-20

DETERMINATION OF FINANCIAL ELIGIBILITY

☐ The Application is DENIED

The gross income of the applicant and cohabitating family members is greater than 150% of the poverty line, AND welfare aid does not constitute a major portion of subsistence of the applicant and cohabitating family members, AND the applicant is able to pay the filing fee and costs of service without expending income or liquid resources necessary for the maintenance of the applicant and all dependents.

You must pay \$ to the court clerk within 30 days or the case will be dismissed.

☒ The Application is GRANTED

☐ Welfare aid constitutes a major portion of subsistence of the applicant and cohabitating family members. OR

☒ The gross income of the applicant and cohabitating family members is at or below 150% of the poverty income guidelines. OR

☐ Applicant is unable to pay the entire filing fee and costs of service without expending income or liquid resources necessary for the maintenance of the applicant and all dependents.

THE FILING FEES AND COSTS OF SERVICE ARE WAIVED.

☐ The Application is GRANTED in part and DENIED in part

Applicant is a financially needy person; however, based on the financial statement, Applicant has the ability to pay the costs of service without expending income or liquid resources necessary for the maintenance of the applicant and all dependents.

THE FILING FEES ARE WAIVED. THE COSTS OF SERVICE ARE NOT WAIVED.

You must pay \$ In service fees to ☐ the clerk ☐ sheriff.

You must pay \$ to the court clerk within 30 days or the case will be dismissed.

Signature of Clerk or Designee

Date

Donna Bates

9/8/20

NOTICE OF RIGHT TO APPEAL: You have the right to appeal this order to the Judge of this Court. Your appeal must be filed in writing with the clerk of this court within 7 days of the date of this order.